

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RIGHT WOMEN PAC			FEC IDENTIFICATION NUMBER ▼ C C00718841		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ring Limited			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 11 / 2020		
Mailing Address PO Box 207			Amount 8902.17		
City Dublin		State OH	Zip Code 43017		Transaction ID : SE.5042
Purpose of Expenditure Text Messaging		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2020	
Name of Federal Candidate GREENE, MARJORIE TAYLOR MRS., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought			8902.17		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8902.17		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			8902.17		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>DATWYLER, THOMAS, , ,</u>			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 08 / 11 / 2020